THE AMERICAS

DC's global health projects in the Americas include collaboration with PAHO, CAREC, foundations, and other regional health organizations, as well as joint efforts with specific countries. CDC works particularly closely with Mexico and Canada, with whom the United States shares both borders and many common health issues.

Examples of CDC's global health activities in the Americas in each of five strategic areas are provided below.

PUBLIC HEALTH SURVEILLANCE AND RESPONSE

Like other areas experiencing the aftermath of war-time violence, Nicaraguans have found that violent injuries do not necessarily end with the war itself. Both intentional and unintentional firearm injuries as well as injuries from unexploded mines can prolong the devastation of war. Staff representing CDC's National Center for Injury Prevention and Control (NCIPC) provided technical assistance to Nicaraguan health officials to develop, test, and evaluate a rapid response surveillance system for violent injury. The team hopes this system will be useful in other settings experiencing war or its consequences.

In a more peaceful setting, NCIPC staff also served on an evaluation team that helped assess Jamaica's injury surveillance system. Like surveillance systems for disease, injury surveillance systems require that trained staff are able to identify and categorize injuries consistently and both elicit and record information about the circumstances in which the injury occurred – all goals shared by the Jamaican injury surveillance system.

PUBLIC HEALTH INFRASTRUCTURE AND CAPACITY-BUILDING

CDC's immediate neighbors to the north and south – Canada and Mexico – are frequent partners in binational efforts to share knowledge and strengthen public health capacity throughout the region. For example, CDC's National Institute for Occupational Safety and Health (NIOSH) works with PAHO staff in Mexico to help Mexican scientists and health officials address occupational safety and health issues, and has provided similar assistance to South American countries concerned about topics such as miners' exposure to mercury, or of smelter workers to lead.

Staff from the Agency for Toxic Substances and Disease Registry (ATSDR) have worked with Mexican and Canadian counterparts for over a decade to share information on environmental health issues and build regional capacity to detect and respond to hazards in the environment all three nations share.

An example of the "ripple effect" of capacity building throughout the region is Nicaragua's public health management training curriculum, funded by a grant from the Woodruff Foundation's CARE/CDC Health Initiative. Through the training program, graduates of Nicaragua's Sustained Management Development Program (SMDP) received technical assistance from Mexican graduates of the Management for International Public Health (MIPH) course, who had themselves received their training from CDC and Emory University's School of Public Health faculty in Atlanta – a true illustration of "cross-training."



DISEASE AND INJURY PREVENTION AND CONTROL

The global public health triumph of smallpox eradication in 1979 was followed in the Western Hemisphere with the elimination of poliomyelitis in 1991. The next target for this hemisphere – tantalizingly within reach – is the elimination of endemic measles transmission. Between 1997 and 1999, confirmed measles cases in the Americas declined 95 percent, from nearly 54,000 cases in 1997 to 3,102 in 1999. CDC's National Immunization Program (NIP) has worked with PAHO and countries throughout Latin America, Central America, and the Caribbean to assess measles programs and provide measles vaccine to supplemental immunization programs in an effort to make this goal a reality.

APPLIED RESEARCH FOR EFFECTIVE HEALTH POLICIES

In the public health arena, devising a way to prevent disease or disability on a large scale, with minimal effort required from those who benefit, is a constant but often elusive goal. For many years, scientists have known of just such an intervention: folic acid fortification of common foods (such as bread and cereal) to prevent neural tube defects. Consuming 400 micrograms of folic acid each day early in pregnancy prevents these birth defects, but during the first month of pregnancy, many women are unaware of their pregnancies – and thus of the need to make this critical addition to their diets. In Chile, scientists from the National Center for Environmental Health, NCEH, along with the Chilean government, PAHO, and March of Dimes, are conducting research to measure the effects of the Chilean government's recent supplementation of wheat flour with folic acid. The project will compare baseline and post-supplementation levels of RBC folate and vitamin B12 among 750 women to see whether the strategy is having the intended effect.

Several National Center for Infectious Diseases (NCID) research studies in the region explored whether fractional vaccine doses or alternative treatment methods might provide protective and curative effects for different diseases, while lowering costs. These studies include an assessment of fractional doses of *Haemophilus influenzae* type b (Hib) vaccine in the Dominican Republic, a study of a broad spectrum anti-helminthic treatment program among Haitian schoolchildren, and clinical trials showing the effectiveness of reduced treatment doses of antimony-containing medication for leishmaniasis in Guatemala.

EXCHANGE OF INFORMATION AND LESSONS LEARNED

In the United States, national health objectives have been measured and tracked each decade, beginning in 1990. The current iteration, known as Healthy People 2010, offers national goals in a variety of health areas, registering progress in each of those areas from 1990 baseline figures (and, sometimes, lack thereof). The National Center for Health Statistics, NCHS, is the keeper of Healthy People data, derived from numerous sources and methods. In this capacity, NCHS has worked with both Canadian and Mexican health statistics counterparts to discuss health topics of mutual interest and to share information on collecting, analyzing, and diffusing health information. With the help of the InterAmerican Development Bank, NCHS staff hope to extend the Healthy People model to Chile, Argentina, and Uruguay, as they have already done in several other countries around the world.